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DATE NOTICE SENT TO ALL PARTIES: Nov/23/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Bilateral Lumbar Transforaminal ESI L3-L4

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: MD, Board Certified Anesthesiology

REVIEW OUTCOME: Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. It is the opinion of the reviewer that the request for Bilateral Lumbar Transforaminal ESI L3-L4 is not recommended as medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female whose date of injury is XX/XX/XX. She was picking up a bag of linen when she strained her back. The patient is noted to have a history of lumbar laminectomy and discectomy in 1998 with repeat laminectomy and discectomy in 2003. Note indicates that the patient presents for trigger point injections and lumbar epidural steroid injection. Note dated 07/20/06 indicates that the patient presents for placement of temporary lumbar spinal stimulator. Note dated 12/18/08 indicates the patient presents for trigger point injections and lumbar epidural steroid injection. The patient underwent lumbar epidural steroid injection. Procedure note dated 04/04/14 indicates that the patient returns after having had a second epidural steroid injection. She reports she has had only transient improvement and continues to have significant left sided leg pain. She underwent a third injection on this date. MRI of the lumbar spine dated 09/08/15 revealed at L3-4 there is disc desiccation present with vacuum disc phenomenon suggesting degenerative disc disease. There appears to be posterior bulging/protrusion of the disc which is accentuated along the left paracentral disc margin. A prior laminectomy has been performed. There may have been a prior posterolateral bony fusion. The central thecal sac is narrowed with mild to moderate central spinal canal stenosis. Substantial left sided foraminal stenosis is present related to posterolateral degenerative spondylosis. Moderate foraminal stenosis is also present on the right. Office visit note dated 09/30/15 indicates that she complains of low back pain rated as 9/10. Current medications include Norco, Cymbalta, tizanidine, albuterol, Lipitor and Lyrica. On physical examination there is diminished touch to the latera aspects of the bilateral legs and medial aspect of the right thigh and right lower leg. Straight leg raising is positive on the right at 40 degrees and on the left at 60 degrees. There is 5-/5+ hip flexion, knee flexion and extension and dorsiflexion and plantar flexion of the left lower extremity; right is 4+/5+.
Note dated 11/11/15 indicates that the patient's physical examination is unchanged.

Initial request for bilateral lumbar transforaminal epidural steroid injection L3 L4 was non-certified on 10/06/15 noting that the guidelines state that radicular findings present on

physical examination must be corroborated on imaging. Although there is evidence of a disc herniation causing neural compression at L3-4, the physical examination findings of radiculopathy were weak and diffuse not specific to the L3-4 dermatomal distribution. The denial was upheld on appeal dated 10/30/15 noting that there was no updated documentation submitted to address the reasons for the previous denial. The physical examination findings were not clearly suggestive of radiculopathy at L3-4. In addition, recent conservative therapy such as PT was not documented.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient sustained a lifting injury on XX/XX/XX and has undergone extensive treatment to date. There is no documentation of any recent active treatment. The Official Disability Guidelines require documentation of radiculopathy on physical examination corroborated by imaging studies and/or electrodiagnostic results. The patient's physical examination fails to effectively demonstrate the presence of radiculopathy at L3-4. Additionally, the patient reported having only transient relief after the most recent epidural steroid injections. As such, it is the opinion of the reviewer that the request for Bilateral Lumbar Transforaminal ESI L3-L4 is not recommended as medically necessary and the prior denials are upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

[ ] ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

[ ] AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

[ ] DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

[ ] EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

[ ] INTERQUAL CRITERIA

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

[ ] PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

[ ] TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

[ ] TEXAS TACADA GUIDELINES

[ ] TMF SCREENING CRITERIA MANUAL

[ ] PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

[ ] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)